

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Typ :: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: PROCESS FOR THE MANUFACTURE
OF POWDERS OF INHALABLE
MEDICAMENTS
Attorney Docket Number:: 1/1400
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 3
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status:: Full Capacity
Given Name:: Nathalie
Middle Name::
Family Name:: JONGEN
Name Suffix::
City of Residence:: Préverenges
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Route de Genève 64B

City of mailing address:: Préverenges
Stat or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-1028

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status:: Full Capacity
Given Name:: Jacques
Middle Name::
Family Name:: LEMAÎTRE
Name Suffix::
City of Residence:: Lausanne
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Chemin de la Fauvette 30F
City of mailing address:: Lausanne
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-1012

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Paul
Middle Name::
Family Name:: BOWEN
Name Suffix::
City of Residence:: Nyon
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Route du Boiron 23
City of mailing address:: Nyon

State or Provinc of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1260

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Marcel

Middle Name::

Family Name:: DONNET

Name Suffix::

City of Residence:: Cheseaux

State or Province of Residence::

Country of Residence:: Switzerland

Street of mailing address:: Route de Geneve 5

City of mailing address:: Cheseaux

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1033

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Joerg

Middle Name::

Family Name:: SCHIEWE

Name Suffix::

City of Residence:: Mainz

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Rieslingstrasse 60

City of mailing address:: Mainz

State or Provinc of mailing address::

| | |
|--|-----------------|
| Country of mailing address:: | Germany |
| Postal or Zip Code of mailing address:: | 55129 |
| | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Germany |
| Status:: | Full Capacity |
| Given Name:: | Bernd |
| Middle Name:: | |
| Family Name:: | ZIERENBERG |
| Name Suffix:: | |
| City of Residence:: | Bingen |
| State or Province of Residence:: | |
| Country of Residence:: | Germany |
| Street of mailing address:: | Goethestrasse 1 |
| City of mailing address:: | Bingen |
| State or Province of mailing address:: | |
| Country of mailing address:: | Germany |
| Postal or Zip Code of mailing address:: | 55411 |
| | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Romania |
| Status:: | Full Capacity |
| Given Name:: | Cristina |
| Middle Name:: | Lucica |
| Family Name:: | SOARE |
| Name Suffix:: | |
| City of Residence:: | Lausanne |
| State or Province of Residence:: | |
| Country of Residence:: | Switzerland |
| Street of mailing address:: | Rue Davel 21 |
| City of mailing address:: | Lausanne |
| State or Province of mailing address:: | |
| Country of mailing address:: | Switzerland |

Postal or Zip Code of mailing address:: CH-1004

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| This application | Non-provisional of | 60/425,415 | 11/12/02 |

FOREIGN PRIORITY INFORMATION

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|------------------|-----------------------------|----------------------|---------------------------|
| EP | 02/023273 | 10/17/2002 | Yes |

ASSIGNEE INFORMATION

Assignee name:: ÉCOLE POLYTECHNIQUE FÉDÉRALE DE LAUSANNE

Street of mailing address:: SRI

City of mailing address:: LAUSANNE

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1015

Assignee name:: Boehringer Ingelheim Pharma GmbH & Co. KG

Street of mailing address:: Binger Strasse 173

City of mailing address:: Ingelheim

State or Provinc of mailing addr ss::

Country of mailing address:: Germany

Postal or Zip Cod of mailing address:: 55216